

way forward rather than for hasty generalizations." Unfortunately further statistics of the proper kind are not forthcoming, owing to the nearly universal adoption of the treatment in severe cases. ⁵ Supposing, of course, the avenue to the disease is always the same. If inoculation closed one avenue but not another to the disease—say effect of contact with enteric patients, but not of contaminated water—it is clear that constant and changing environment might modify the relative prevalence of the two possibilities. ⁶ We must bear in mind the possibility of inoculation producing a weakening of the constitution, and that this is more effective when the soldier is stationary than when he is on the move. ⁷ Strangely enough, we have no reliable statistics on the immunity correlation in vaccination, as the number of unvaccinated who do not catch small-pox appears quite unknown.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, Etc.

A PRACTICAL SUGGESTION FOR THE PREVENTION OF ANKYLOSTOMIASIS.

Of the many troubles with which the planter in tropical countries has to contend, not the least is coolie anaemia, and the disabling form of pustular dermatitis variously called coolie itch, ground itch, etc.

The dependence of coolie anaemia on ankylostoma infection has long been recognized, and the probability that the form of dermatitis called coolie itch is produced by the penetration of the skin of the feet and legs by the embryos of ankylostoma contained in contaminated soil is now, from the observations and experiments of Looss and Bentley, practically a certainty. We are therefore in a position to indicate with precision the direction of prophylactic measures against both phases of this infection. Unfortunately, although it is easy enough to indicate measures which theoretically would be efficient, to get them applied is a very different matter. At the suggestion of Bentley, boots and baths of carbolic lotion have been tried, but so far apparently without striking results, in great measure in consequence of the want of co-operation on the part of the coolies.

Some time ago, in the course of a conversation with a West Indian sugar planter, I learned of a method which in his hands had proved efficient; it appears to me to meet the circumstances, and deserves, I think, publicity and further trial. This gentleman, in ignorance of Looss's and Bentley's observations, had concluded that coolie itch was contracted from contact with faecally-fouled soil, and that somehow it led up to coolie anaemia—that is, ankylostoma anaemia; he reasoned that, could he prevent the injurious effects of the contaminated soil, he would not only prevent coolie itch, but the consequent anaemia. Knowing the antiseptic and adhesive properties of green Barbadoes tar (a mineral oil rich in paraffin, and cheap, costing 3d. a gallon), he got his overseers to see that the coolies, before going out to work in the contaminated fields, dipped their feet and legs in a bucket of this tar, and then walked across and through some fine sand; in this way an impervious sandal and stocking was donned every morning. In practice it proved efficient. My informant suggests that sawdust would probably be better than sand. He told me he got the idea from a practice existing among goose farmers in certain parts of Germany, who, by first dipping the feet of their geese in tar and then in fine sand, provided the birds with a plastic and protective sandal, thereby enabling them to be driven many miles to market without injury.

London, W.

PATRICK MANSON.

OPHTHALMIA NEONATORUM: TREATMENT BY ARGYROL: RECOVERY.

On July 8th I was asked to see a child, 16 days old, which the mother, a primipara, informed me had been suffering since birth with a discharge from its eyes. The history was that the midwife, during her attendance, told the mother that it was a common occurrence for children to get sore eyes like her infant, and that they would get all right.

As the condition began to grow much worse, causing both eyes to be firmly glued together, with a profuse discharge of a whitish nature, it was decided to seek medical advice, as her own remedies of boracic lotion had failed.

Examination revealed great chemosis, and difficulty was encountered on separating the lids, when a yellowish-white, purulent discharge was observed, which increased on deep pressure. The child did not appear to be in much pain. The right eye showed keratitis, with two ulcers on the cornea, the left showing one ulcer. Lotion of corrosive sublimate

(1 in 5,000) was ordered every half-hour or hour, also the following unguentum: R Hydr. ox. flav. gr. ss; coc. hydroc. and atrop. sulph. aa gr. j; vasel. spt. ʒij, which was to be applied at night, both pupils being very much contracted.

As the condition did not improve much in thirty-six hours, I decided to use argyrol 20 per cent., which I prescribed twice daily, with careful directions as to its application and cleanliness, etc. After the second application, improvement manifested itself, and became so marked after the fourth application that the chemosis practically disappeared, the discharge greatly diminishing and becoming less purulent. The corrosive sublimate lotion was increased in strength (1 in 3,000) and used as before, and the argyrol was discontinued for two days, as a slight trace of the chloride of silver began to form. The course after the sixth day was most satisfactory, and at the end of the eighteenth day all discharge had ceased and the eyes appeared quite healthy, only a slight manifestation of an ulcer remaining in the right eye. A history of gonorrhoea was elicited from the mother, the wife of a soldier, who had not undergone any treatment. The case is interesting from the point of view that considering the duration of the affection and the great chemosis, etc., such a speedy recovery should follow after the use of argyrol. The friends and parents of the child often remarked that the change was wonderful after the second application, as the child opened its eyes and the discharge considerably lessened.

Argyrol did not cause the patient any pain and no ill effects were produced; on the whole I think it is much preferable to either protargol or nitrate of silver.

T. GARNET S. LEARY, M.B. Edin., M.R.C.P.E.

Castlederg, co. Tyrone.

EPITHELIOMA OF PENIS ASSOCIATED WITH LEUCOPLAKIA.

I saw the patient first in October, 1903, when he came complaining of a warty growth of the penis, which he first noticed as a small wart a few days before leaving Chili for this country, which was on August 24th. He also complained of some itching in the part, which had been going on for ten or fifteen years.

The patient left England twenty years ago quite well. He went to India, and stayed there fourteen and a half years, but came home for holidays two or three times. He first noticed the itching whilst in India, and for this he used to wash himself in warm water. When the itching first started he went to a doctor, who told him the condition was natural and he must just wash himself with soap and water. The patient thinks the itching was caused by wearing the foreskin over the glans in a hot country, the urine being acid and concentrated. As a boy the patient could not bear his foreskin back. The itching used to come and go.

The patient has only noticed the condition of marked whiteness since coming to England, but has had a slight whiteness for fully ten years. This would come and go away again. Keeping the foreskin back and washing it caused the whiteness to disappear and the itching as well, but he was not able to keep the foreskin back because the head of the penis would commence to swell, and on one occasion he had to have a doctor to bring it forward again with a handkerchief and vaseline—and this with much difficulty. Afterwards he was afraid to draw the foreskin back for fear of the same result.

On coming home on board ship the patient says the water was hard, and that salt water and hard water did not cure the white condition, but made it worse. Vaseline would cure it. The wart has been growing rapidly.

Present Condition.—The patient is a gentleman, aged 53 years. He looks the sort of man who has lived a hard life, much in the open air. He is a mining engineer, and has lived many years in the tropics. He is thick-set and obese; the neck is short and thick; the chest is well-shaped and massive; the abdomen is well covered with fat and is protuberant; neither liver nor spleen can be felt through its wall. The second sound at the aortic base is accentuated, but the sounds at the apex, though clear and distinct, are distant. The breath sounds are accompanied by occasional rhonchi, and the urine contains some albumen but no sugar. The penis has the foreskin over the glans, and looks natural enough, except that there is some slight swelling over the region of the corona. On the patient pulling the foreskin back from the glans a circumscribed warty growth appears on its inner or glandular portion; it is situated on that part of the prepuce which lay in contact with

the dorsum of the glans. The rest of the glandular portion of the prepuce is white in colour, and to the touch is stiff and thick; it has lost its suppleness. On rolling the foreskin over the glans and back again it does not move evenly, but irregularly, the irregularity being caused by these plaques. This condition extends all round the glandular portion of the prepuce, but is more intense over the dorsum round about the growth; in the region of the fraenum it is much thinner, but the skin here too is thicker than it should be. The growth measures $\frac{3}{4}$ in. by $\frac{1}{2}$ in., is hard to the touch, and has ulcerated in the centre. The ulcer forms a deep pit, running sagittally almost from one end to the other. The portion of the glans covered by the growth was slightly eroded; or, rather, the imprint of the growth remains on it, and around this are fine plaques of leucoplakia. I detected no enlarged glands in either groin. The epithelioma and leucoplakous foreskin were removed by circumcision, and a portion of the growth sent to St. Bartholomew's Hospital to be microscopied, and I subsequently received a report confirming the diagnosis.

R. H. PARAMORE, M.B. Lond., M.R.C.S. Eng.,
Late Resident Medical Officer, and House-Surgeon,
General Hospital, Birmingham.

London, W.C.

British Medical Association.

CLINICAL AND SCIENTIFIC PROCEEDINGS.

BATH AND BRISTOL BRANCH.

Bristol, Wednesday, October 26th, 1904.

R. J. H. SCOTT, F.R.C.S. Edin., in the Chair.

A Form of Anaemia.—Dr. J. MICHELL CLARKE read a paper on a form of anaemia characterized by frequent haemorrhages and a condition of the blood more nearly approaching secondary anaemia than pernicious anaemia, but accompanied by changes in the cord similar to those found in the pernicious form. Diagrams were shown giving the observations on the blood, extending over long periods.—In the discussion which followed Drs. SHINGLETON SMITH and PARKER, and Mr. BEAUMONT took part.

Deformities of the Chest in Children's Diseases.—Dr. THEODORE FISHER showed a number of diagrams of deformities of the chest in children's diseases, including a few rare forms.—These were discussed by Drs. WATSON WILLIAMS, ELLIOTT, and NEWMAN NEILD.

Torsion of the Spermatic Cord.—Mr. J. LACY FIRTH read notes on a case of torsion of the spermatic cord of the fully-descended testis in an adult, with subsequent gangrene of the testis. The pathology, symptoms, diagnosis, and treatment of this condition were considered.—Mr. MONRO SMITH commented on the case.

NORTH LANCASHIRE AND SOUTH WESTMORLAND BRANCH.

Morecambe, Wednesday, October 26th, 1904.

A. W. COLLINS, M.D., President, in the Chair.

The Diagnosis of Perforated Gastric Ulcer.—Dr. B. W. HOGARTH read a paper on the diagnosis of perforated gastric ulcer. He entered minutely into the various symptoms, illustrating his remarks by reference to several cases, more particularly to one in which he had been unable to close the opening and had been obliged to pack with gauze. The patient recovered. He laid special stress upon the value of spasm of the rectus.

Excision of the Knee.—Dr. T. A. BALDWIN gave an exhaustive account of the history of this operation and of the various methods adopted by different operators. He showed a patient on whom it had been performed, and also several specimens.

Specimens, etc.—The following specimens were on the table:—Mr. C. W. DEAN: Lining membrane of bladder attacked by acute necrosis. Mr. A. S. BARLING: (1) Multilocular ovarian cyst removed by ovariectomy; (2) angioma excised from face of baby; (3) portion of large intra-abdominal hydatid removed from scrotum. Dr. W. H. COUPLAND demonstrated the following under the microscope: (1) Bilharzia haematobia; (2) section of favus. Dr. B. C. STEVENS: Section of neurofibroma. A number of new books and radiographs were also shown.

REPORTS OF SOCIETIES.

CLINICAL SOCIETY OF LONDON.

CLINICAL EVENING.

FREDERICK TAYLOR, M.D., F.R.C.P., President, in the Chair.

Friday, October 28th, 1904.

ACUTE ATAXIA DUE TO ENCEPHALITIS CEREBELLI.

Dr. F. E. BATTEN showed a boy, aged $3\frac{1}{2}$, who after measles remained unconscious for a week, and afterwards had convulsions and tremors, and inability to sit or speak. A month later he had inco-ordination of both legs and arms, but no paralysis. The knee-jerks were well marked, with a tendency to ankle clonus. He swallowed well, and spoke with hesitation. During the last four or five months some slight improvement had occurred.

The President alluded to a similar case which he had attended at least twenty-five years ago. The patient, a boy, was aged from 4 to 6 years, and had ataxia of arms and legs, without optic neuritis, and for months had no alteration of symptoms, except that he gradually became more ataxic and blundered about almost like a man with drunken ataxy. It was at first regarded as a case of disseminated sclerosis or cerebellar tumour; but a few years later complete recovery ensued. He suggested that it was probably a case of the kind exhibited by Dr. Batten.

Dr. BATTEN, in reply, was glad to learn that the President's case had recovered. Experiments had showed that the removal of one lobe of the cerebellum led to ataxic symptoms which, however, rapidly ceased; but if the cerebrum were injured on the opposite side as well, the ataxic symptoms did not subside. Probably the cerebral cortex was also damaged in his case.

ACUTE ASCENDING PARALYSIS.

Dr. E. D. MACNAMARA exhibited a waiter, aged 30, who six years ago had syphilis, and in July last had loss of power in the legs which in three days became absolutely palsied. Weakness of the arms ensued, also defect in articulation and ocular movements, together with almost complete inaction of both pupils to light. No reflexes were obtained in the lower limbs; other reflexes were normal, also the electrical reactions. Improvement commenced in August, since when all the paralytic symptoms had lessened. The tetracoccus was also shown.

Dr. FARQUHAR BUZZARD suggested that in cases of Landry's paralysis several conditions were described which grouped themselves under three chief heads. First, there were the cases to which the name of Landry's paralysis should be confined, and to which the case exhibited probably belonged. There was quiet paralysis, and if recovery ensued there was no atrophy of the muscles. Secondly, there was the paralysis equally quiet and disabling, accompanying peripheral neuritis. Thirdly, there was the paralysis of acute ascending poliomyelitis.

REDUCTION OF CONGENITAL FEMORAL DISLOCATIONS BY THE LORENZ METHOD.

Mr. JACKSON CLARKE exhibited one case, a girl, aged 7, who was now, fourteen months after the operation, walking about without apparatus, with the head of the femur in position.

Mr. NOBLE SMITH showed two cases, one girl, aged $6\frac{1}{2}$, had had unilateral dislocation; the other girl, aged $7\frac{1}{2}$, had had bilateral dislocation. Both now had firm, movable joints, and the position of the head of the femur in skiagraphs which were exhibited appeared to be normal.

Mr. A. H. TUBBY remarked that he could not satisfy himself that in either of the three cases the head of the bone was in position.

Mr. CLARKE, in reply, said that before he assisted Professor Lorenz he was also sceptical as to whether the head was returned to the acetabulum.

Mr. NOBLE SMITH said it was necessary to keep the limb, or limbs, after operation, sloping backwards, so as to keep the head in the acetabulum; and to retain the limbs in that position in plaster-of-paris, for six months at the least.

SPINA BIFIDA TREATED BY EXCISION OF SAC.

Mr. W. G. SPENCER showed a boy in whom two years ago he had dissected out the cauda equina and nerves, and laid them in a groove closed by two rows of sutures; the boy, now $2\frac{1}{2}$ years old, had a firm scar, and used his legs well.

Midwives not Practising Independently.

A letter from Dr. Handford, the Medical Officer of the County of Nottingham, asking the opinion of the Board as to whether midwives who attend cases only with a medical man were bound to notify the local supervising authority of their intention to practise in that manner was considered. The Chairman pointed out that these women were not holding themselves out as practising midwives, and explained that Miss R. Paget, who is a member of the Central Midwives Board, was on the roll of midwives but had not notified the local supervising authority in her district because she did not hold herself out as a practising midwife, nor had she any intention of commencing to practise as a midwife in any area. The Chairman further pointed out that the whole question turned on the qualifying words "practising midwife" and "commencing to practise as a midwife." After some debate the question was settled by the Chairman declaring that it would be advantageous if midwives on the roll were registered by the local supervising authorities, but it did not appear that the Central Midwives Board could compel them to register under the circumstances mentioned in the letter received from Dr. Handford.

The Number of Women on the Roll.

After consideration of applications for certificates, the names of 1,238 women were passed under Section II of the Act, and ordered for entry on the roll. The separate numbers of the various qualifications at present appearing on the roll were:

Royal College of Physicians of Ireland	...	...	3
Obstetrical Society of London	...	...	2,953
Rotunda Hospital	...	...	120
Coombe Hospital	...	...	44
Queen Charlotte's Hospital	...	...	194
Liverpool Lying-in Hospital	...	...	138
British Lying-in Hospital	...	...	5
Glasgow Maternity Hospital	...	...	115
St. Mary's Hospital, Manchester	...	...	120
Manchester Maternity Hospital	...	...	24
City of London Lying-in Hospital	...	...	46
Royal Maternity Hospital, Edinburgh	...	...	25
Salvation Army Maternity Hospital	...	...	13
National Maternity Hospital, Dublin	...	...	9
Limerick Lying-in Hospital	...	...	4
Cork Lying-in Hospital	...	...	3
Eden Hospital, Calcutta	...	...	2
Women in bona fide practice, July, 1901	...	...	5,652
Total	...	...	9,470

First Examination by Central Midwives Board.

In the course of the consideration of the scheme of examinations to be conducted under the Central Midwives Board Miss Paget pointed out that the date originally settled on for the first examination in May, 1905, was inconvenient to all concerned, and she showed how it was improbable that there would be many candidates for examination at that date. The Board decided that the first examination shall be held in July, 1905.

Death of Mr. J. Heywood Johnstone, M.P.

A resolution of sympathy with the relatives of the late Mr. J. Heywood Johnstone was passed, and the Chairman undertook the duty of communicating this resolution to Mrs. Heywood Johnstone.

The Board adjourned to November 3rd.

LONDON HOSPITALS AND MEDICAL SCHOOLS.

THE attention of King Edward's Hospital Fund for London having for some time past been called to the financial relations of certain of the London hospitals to their medical schools, the question has been referred to a Committee which will consist of Lord Welby, Sir Edward Fry, and the Bishop of Stepney.

The terms of the reference are as follows:

To consider and report:

1. Whether any, and if any how much, money given or subscribed for the relief of the sick poor to the twelve London hospitals having medical schools, is contributed, directly or indirectly, by those hospitals, or any of them, for the maintenance of medical education.
2. Whether any direct or indirect return for such contributions (if any) is received by the hospitals from their medical schools, and, if so, whether such return is equivalent to the amount of the contributions.
3. Whether, in the event of the committee finding that any hospital contributes to its medical school a sum in excess of the return it receives from the medical school, there are any special considerations advanced in justification of such expenditure, or any general considerations which would apply to all hospitals having medical schools.

It is an instruction to the committee to deal with the subject on the basis of the existing arrangements, and to accept from the hospitals as existing arrangements any such as they may advise the Committee will be in operation on January 1st, 1905.

Communications intended for the Committee should be addressed to King Edward's Hospital Fund, 81, Cheapside, E.C., marked "Medical Schools Committee."

THE PLAGUE.**PREVALENCE OF THE DISEASE.****INDIA.**

DURING the weeks ending October 1st and 8th the deaths from plague in India numbered 13,633 and 16,491 respectively. The principal figures are: Bombay city, 85 and 69; Bombay Districts, 8,177 and 10,338; Bengal, 275 and 180; North-West Provinces and Oudh, 751 and 984; Punjab, 270 and 400; Rajputana, 446 and 473; Central India, 1,138 and 661; Hyderabad State, 440 and 404; Mysore State, 798 and 770; Madras Districts, 597 and 540. During the week ending October 8th the deaths from plague in Kashmir numbered 27, and in Karachi 13.

SOUTH AFRICA.

Port Elizabeth.—During the weeks ending October 1st and 8th the plague reports were as follows: Fresh cases, 1 and 1; deaths from the disease, 1 and 0. Two cases remained under treatment on October 8th.

Plague-infected rats continue to be found at Port Elizabeth and East London.

MAURITIUS.

During the weeks ending October 20th and 27th the fresh cases of plague in Mauritius numbered 26 and 24, and the deaths from the diseases 14 and 18 respectively.

CONTRACT MEDICAL PRACTICE.**NOTICE AS TO DISTRICTS IN WHICH DISPUTES EXIST.**

A notice as to places in which disputes exist between members of the medical profession and various organizations for providing contract practice will be found among the advertisements, and medical men who may be thinking of applying for appointments in connexion with clubs or other forms of contract practice are requested to refer to the advertisement on page 83.

LITERARY NOTES.

DR. JOHN WORTABET contributes an interesting article on Sanitary Laws and Customs in the East, especially among Jews and Mohammedans, to the October number of the *Edinburgh Medical Journal*. He says there are now five medical schools in Turkey and Egypt, which have been founded on modern lines. The course of study in these schools, after a preliminary examination, extends over four years. All foreign diplomas are recognized by the Imperial Medical School in Constantinople after a short "colloquium" with the candidate, which is intended to satisfy the Board of Examiners as to the identity of the person who presents his academic certificate. No medical man or dentist is allowed to practise in Turkey without having a deed of registration. The two schools of midwifery in Constantinople and Cairo are of a later date, and the instruction given in them is very elementary, being limited to the management of ordinary cases of labour and some knowledge of the use of antiseptics. The whole course for a simple certificated midwife takes about six months. The number of such trained women is still very small, and the work is almost wholly in the hands of midwives who follow the traditional methods of olden times. All women in the East are delivered on the birth-stool, which is first noticed in history about fourteen centuries before the Christian era (Ex. i, 16). It is in the form of an armchair, and is made of solid wood, with a circular opening in the seat, from which a wide slit extends to the front. The arms of the chair are used for support during pains, and the sitting posture is believed to assist the expulsive efforts. The midwife sits on a cushion in front of the stool. No attempt is made to support the perineum. After delivery a clean pad is placed on the vulva; no bandage is applied to the abdomen, the parts are not bathed till some hours afterwards, and a general bath is not given before a week after delivery. Cases of dangerous flooding or mortality are very rare, and the rapid recovery which follows is mostly due to the good formation of the pelvis in Eastern women and their sound constitution. In breech presentations the case is left to Nature; in other abnormal conditions a physician is generally called in. The period of lactation is generally about two years. Dr. Wortabet also gives much interesting information as to marriage, food, drink, water,

MEDICAL NEWS.

THE jubilee of Medicinalrath Dr. Baumgartner was celebrated on October 27th at Baden Baden; the Grand Duke of Baden presented him with the Berthold Order on the occasion.

A PROVINCIAL sessional meeting of the Royal Sanitary Institute will be held at the Guildhall, Nottingham, on November 26th, at 11 a.m., when a discussion on the present-day aspect of conservancy systems will be opened by Dr. Philip Boobyer. In the afternoon visits will be made to municipal undertakings illustrative of sanitary administration and practice.

MR. CECIL FRANK WIGHTMAN, F.R.C.S.Eng., Examiner in Ambulance to the London County Council, was on October 20th appointed honorary life member of the St. John Ambulance Association, "in recognition of his able and valuable services as gratuitous lecturer to classes at Bolton and Leicester."

INDUSTRIAL SCHOOL FOR THE FEEBLE-MINDED.—The annual meeting of the Lancashire and Cheshire Society for the Permanent Care of the Feeble-minded was recently held at the Manchester Town Hall, the Lord Mayor presiding. The Committee reported that the Sandlebridge schools were full, 24 boys and 20 girls being in residence there. If funds permitted, they hoped that in another twelve months two new homes, with fifty additional beds, would be available. The number of subscribers had increased by 200, but needed to be trebled; the bank balance had been overdrawn by £293. The Lord Mayor expressed his warm sympathy with the good work being done at Sandlebridge, and drew special attention to the fact that it was the object of the committee to provide a permanent industrial home for the inmates beyond school age, thus guarding them, and also the community, from many serious perils.

THE Society of Women Journalists held its annual meeting on October 29th at the Institute of Journalists. The President for the coming year, Mrs. T. P. O'Connor, gave a sympathetic address. A resolution to reduce the subscription of country members from one guinea to half a guinea, proposed by Miss Tait and seconded by Mrs. Watt Smyth, was unanimously carried. It was wisely argued that a woman who travelled over fifty miles to attend one of the Society's meetings or to ask its help, and who spent a considerable sum of money on railway and incidental expenses, must be very much in earnest. Earnest workers are the backbone of any society, and the more dabbling in journalism for excitement or amusement is discouraged, the sooner will men journalists cease to "look with condescension" on women who enter the field, and who, if they worked for high ideals, would have as good a chance of success as men. The Society of Women Journalists has rapidly increased its membership; it should now begin to look to the quality of the work done by its members.

ENTRIES AT THE MEDICAL SCHOOLS.—About this time of the year it has been our annual custom to publish a return in respect of the entries which have been made at the medical schools during the preceding twelve months; this year we have deferred any allusion to the matter for the purpose of making more extended inquiries than are possible immediately after the commencement of the winter session. Such statistics are of interest if they throw any real light on the extent to which a medical career continues to attract; but, as pointed out during the past four or five years, numerous sources of fallacy exist, especially in connexion with students who, after joining one school, leave it and make a fresh start at another, and also of students who, having commenced the study of medicine in a university, complete it in a metropolitan school of medicine. This year we determined to conduct our inquiry with the co-operation of the Deans and others concerned upon fresh lines. The investigation has been exhaustive, and the result is that we have decided not to publish any numerical return at all. There was reason before to suspect, and the inquiry this year has made the fact quite clear, that the registers of the various medical schools and faculties are at present kept in such different ways, and some of them in such rough and ready form, that the returns of entries derived from them are not truly comparable one with another, and, if taken as a whole, cannot throw any but a false light upon the question which lends the principal, if not only, interest to a statistical inquiry of this character. The only conclusion which, in addition to what has been said, our inquiry seems to justify is that there

seems a tendency on the part of students only to enter for a section of the tuition offered by any one school, instead of for the whole.

THE DOOM OF SPECTACLES.—It would appear that the claims lately put forward by Mr. Stephen Smith, as the discoverer of a new and rapid cure for errors of refraction, are not to be submitted even to the slight test proposed by Mr. Aitchison. The latter, it will be remembered, offered to pay £100 to any hospital selected, if Mr. Stephen Smith substantiated the claims made even to the extent of removing one-third of the visual defect existing in certain patients, who were to be sent to him and who were the subjects of common refraction errors. This challenge was at first accepted, but later difficulties were raised, and Mr. Aitchison last week wrote to the papers to say that although he had given way in nearly every particular except in such details as were necessary to ensure the reliability of the test, Mr. Stephen Smith had failed to come to terms. Mr. Aitchison added that the ophthalmic surgeon who had attempted to arrange the precise conditions of the trial with Mr. Stephen Smith informed him that "Mr. Smith will only submit to a test on his own terms, and as these are of such a character as to make the thing an absolute farce, it is out of the question to give way any further." Finally, added Mr. Aitchison, "I sincerely regret that the matter has fallen through, and can only conclude that Mr. Smith has very little faith in his own cures."

SOCIETY OF ANAESTHETISTS.—The annual dinner of the Society took place at the Imperial Restaurant, Regent Street, on October 21st. Mr. Carter Braine, the President of the Society, occupied the chair. Mr. John Langton, President of the Medical Society, proposed the toast of "The Society of Anaesthetists." Mr. Carter Braine, in reply, said that, although the Society had now passed through the exuberance of its youth, the outlook for the coming session was good. The dangers to be overcome by the anaesthetist were yearly increasing. The number of administrations in the hospitals was always growing; and full notes of all these cases should be kept. Dr. Silk proposed "Our Guests," and Dr. T. G. Brodie replied. Mr. Freyer, who proposed the toast of "The Chairman," said that a good anaesthetist had been defined by the Chairman as one who kept his eyes and ears open, and his mouth closed; whilst he himself would divide anaesthetists into three classes. The first told funny stories during the operation, which were quite out of place; the second included those anaesthetists who in the course of the operation suggested "wrinkles" to the surgeon, which naturally irritated him. In the third class was the man who kept his mouth closed, and who was, in his view, an ideal anaesthetist. The toast was received with musical honours. The Chairman, in responding, said that great thanks were due to Mr. Crouch, who had organized the dinner. A portrait of Mr. T. G. Morton, who introduced anaesthesia into America, was on the menu cards, and it being Trafalgar Day the "Death of Nelson" was sung by Mr. A. Walenn in the course of the evening. Dr. Byrd-Page also exhibited some clever card tricks.

BOOKS AS VEHICLES OF TUBERCULOUS INFECTION.—Twenty of the clerks employed in a large office in Berlin having died of tuberculosis within a comparatively short time, Mitelesen and Knopf, finding such evidence of infection with dust charged with bacilli from dried sputa, as in Brouardel's classic case of a like mortality in a Parisian establishment, bethought them of the books as possible vehicles of infection. They therefore undertook an examination of those in the free public library, taking 37 volumes of the most popular works that had been in use for from three to six years, and showed signs of much use and wear. Steeping the corners of the leaves and the most soiled parts of the paper for twenty-four hours in a physiological solution of salt, and rubbing the bindings with the same, they centrifuged the washings, but failed to detect the characteristic bacilli. Fifty guinea-pigs were then injected with the water under proper precautions, and when, at the end of three and a-half to four months, the 43 that, having survived the operation and other accidents were still living, were killed, 15, or 35 per cent., were found to have tubercle in various organs. Similar experiments with 60 other volumes that had been for from six months to two years only in use, and, being of a different class of literature, were in less request and much cleaner condition, gave, when similarly treated, wholly negative results. The writers recommend formic aldehyde for the disinfection of books, and give directions for its use. The paper is published in the *Zeitschrift für Hygiene*, Bd. xlv, p. 397.

fever hospital at Purdysburn, when all infectious cases could be received there; and also the asylums authorities to have all the lunacy cases removed from the workhouse. It was decided to take immediate steps with regard to the children's infirmary as being the most urgent matter, and the report was passed.

SMALL-POX IN BELFAST.

Unfortunately, several fresh cases of small-pox have been discovered; in all, 17 have been admitted to Purdysburn during the last three weeks; 8 of these were unvaccinated.

IRISH DISPENSARY MEDICAL OFFICERS.

Surgeon-General Evatt is at present engaged in visiting, for the Irish Medical Association, various parts of Ireland for the purpose of organizing the Irish dispensary medical officers in the movement for reform. The Irish Medical Association has opened a fund in support of this action, and Surgeon-General Evatt is to receive remuneration at the rate of three guineas a day while engaged in this work. Already public meetings have been held in towns in the South of Ireland, and addresses have been delivered with the object of showing the justice of the claims put forward for higher salaries, retiring allowance, and holidays.

ASSOCIATION NOTICES.

COUNCIL.

NOTICE OF ADJOURNED MEETING.

The adjourned Meeting of the Council will be held in the Council Room of the Association, at 429, Strand (corner of Agar Street), London, on Wednesday, the 16th of November, at 2 o'clock in the afternoon.

NOTICE OF QUARTERLY MEETINGS OF COUNCIL FOR 1905.

MEETINGS of the Council will be held on Wednesdays, January 18th, April 10th, July 5th and October 18th, in the Council Room of the British Medical Association, 429, Strand, London, W.C.

ELECTION OF MEMBERS.

ANY candidate for election should forward his application upon a form, which will be furnished by the General Secretary of the Association, 429, Strand. Applications for membership should be sent to the General Secretary not less than thirty-five days prior to the date of a meeting of the Council.

LIBRARY OF THE BRITISH MEDICAL ASSOCIATION.

MEMBERS are reminded that the Library and Writing Rooms of the Association are fitted up for the accommodation of the members in commodious apartments, at the office of the Association, 429, Strand. The rooms are open from 10 a.m. to 5 p.m. Members can have their letters addressed to them at the office.

GUY ELLISTON, *General Secretary.*

BRANCH MEETINGS TO BE HELD.

EDINBURGH BRANCH: SOUTH-EASTERN COUNTIES DIVISION.—A dinner will be held in the King's Arms Hotel, Melrose, on the evening of Tuesday, November 22nd, at 6 o'clock, Dr. Carlyle Johnstone, Chairman of Division, presiding, in the event of a sufficient number of members notifying the Secretary of their intention to be present. Dinner ticket, 5s.—W. HALL CALVERT, *Honorary Secretary.*

METROPOLITAN COUNTIES DIVISION: WANDSWORTH DIVISION.—An ordinary meeting of this Division will be held at Crichton Restaurant, Clapham Junction, on Thursday, November 24th, at 8.45 p.m. Agenda: (1) Minutes. (2) Correspondence. (3) Questions. (4) Resolutions for Representative Meeting at Leicester, referring to co-opted and elected members of the Central Council, and the duration of their holding office. (5) Paper by G. F. McCleary, M.O.H., on the Milk Supply of Copenhagen: A Study in Clean Milk Production. (6) Address on Vaccination and Revaccination, by Mrs. E. Garrett Anderson, M.D. The President of the Branch (Dr. Radcliffe Crocker), the Editor of the BRITISH MEDICAL JOURNAL (Dr. Dawson Williams), and possibly Mr. Andrew Clark (Chairman of the Central Council) will be present. Members of the Branch and their medical friends are invited to attend.—E. ROWLAND FOTHERGILL, Torquay House, Southfields, S.W., *Honorary Secretary.*

PERTSHIRE BRANCH.—The annual meeting of this Branch will be held in the Station Hotel, Perth, on Friday, November 19th, at 4 p.m. Business: (1) Read Minutes. (2) Election of office-bearers. (3) Report of Council. (4) Report of Treasurer. (5) Report of Representative Member. (6) President's Address. (7) Arrange next meeting. (8) Any other business.

Council meeting at 3.45 p.m. Dinner (3s. 6d.), as usual, after the meeting, in the Hotel, to permit of country members returning home by the evening trains.—WILLIAM A. TAYLOR and ALEXANDER TROTTER, 10, Marshall Place, Perth, *Joint Honorary Secretaries.*

SOUTH-EASTERN BRANCH.—A conjoint meeting of the three Divisions of Eastbourne, Hastings, and Tunbridge Wells will take place on Thursday, November 17th, at the Sackville Hotel, Bexhill, at 4.45 p.m. Dinner at 7 p.m., charge 6s., exclusive of wine. All members of the South-Eastern Branch are entitled to attend, and to introduce professional friends. Members intending to be present at the meeting and dinner would much facilitate arrangements if they would inform Dr. Merry of their intention by post-card. Agenda: (1) Mr. Beck will show three cases of Colles's fracture treated by massage from the third day, illustrated by Roentgen-ray photographs. (2) Discussion on Dr. Larking's proposal to divide the South-Eastern Branch. (3) Contract practice. (4) Reports of Representative Meeting at Oxford by the Divisional Representatives, and any other business that may arise.—G. V. HAWLAND, St. Leonards, W. J. C. MERRY, Eastbourne, and E. A. STARLING, Tunbridge Wells, *Honorary Secretaries.*

SOUTH-EASTERN BRANCH: NORWICH DIVISION.—The next meeting of this Division will take place at the Streatham Hall (close to Streatham Station), on November 10th, at 4 p.m., W. F. R. Burgess, M.D., of Streatham, in the chair. Agenda: (1) Minutes of last meeting. (2) To decide where the next meeting shall be held, and to nominate a member of the Division to take the chair thereat. (3) Report of Representative at Oxford meeting. (4) Division of South-Eastern Branch. Papers: Dr. Mitchell Bruce: The Value of Negative Observations. Dr. Horrocks: Some Cases of Uterine Haemorrhage, in which curetting failed to relieve the complaint. Dr. Savage: Morbid Mental Growths. Dinner at 6 p.m., charge 7s., exclusive of wine. All members of the South-Eastern Branch are invited to attend and to introduce professional friends, but will be unable to vote on Divisional questions.—HENRY J. PRANGLEY, Tudor House, Anerley, *Honorary Secretary.*

STAFFORDSHIRE BRANCH.—A meeting of this Branch will be held at the North Stafford Hotel, Stoke-on-Trent, on Thursday, November 24th, when the chair will be taken by Dr. E. Deanesly, the President. Papers will be read by Mr. W. D. Spanton, Dr. Menzies, and Mr. H. H. Folker.—G. PETGRAVE JOHNSON, *Honorary General Secretary.*

SPECIAL CORRESPONDENCE.

PARIS.

French Congress of Medicine: Professor Cornil's Opening Address.

—*Professor Chantemesse on the Serum Treatment of Typhoid Fever.—The Funeral of Professor Tillaux.*

THE Seventh French Medical Congress, following immediately on the Surgical Congress, was opened on October 24th by M. Landrin, the President of the Conseil-Général of the Seine, in the large amphitheatre of the Medical School. M. Landrin was supported by Professor Cornil, the President of the Congress, and the Vice-Presidents, Dr. Henrot of Reims, and Dr. Brissaud of Paris. Professor Cornil, in his opening address, spoke of the part played by morbid anatomy in contemporary medicine, passing in review the discoveries made during the last fifty years, and the wide change caused by the introduction of the microscope and the ideas of Pasteur. The Faculty of Medicine had constantly refused as useless the foundation of a chair of histology, and it required a small revolution in 1862 to install Charles Robin against the wish of the professorial staff. Three years later, in 1865, Cornil and Ranvier were teaching histology extramurally in their private laboratory, and started the publication of their manual. The general work of the Congress included the following reports: (1) Arterial Hypertension in Disease, by Drs. Bosc and Vedel and Dr. Vaquez; (2) Mercurial Injections, by Dr. Launois and Dr. Balzer; (3) Obesity, by Dr. Maurel and Dr. Le Noir; besides numerous communications.

Professor Chantemesse made an important communication on the serum-therapy of typhoid fever. The antityphoid serum he employs is obtained from a horse rendered immune by injections of soluble typhoid toxin, as he explained in 1898. Professor Chantemesse has used this treatment in his wards at Bastion 29 for the last three and a half years, and there all typhoid patients—545 cases—have been treated with it. During the same period in the other Paris hospitals the patients received the old treatment, with cold baths and the ordinary pharmaceutical preparations; these thus serve as control cases, as they occurred during the same period and were affected by epidemics of the same intensity. In the hospitals in Paris from April 1st, 1901, to October 1st, 1904, 2,618 cases of typhoid fever recovered, while 581 cases terminated fatally, giving a mortality of 18 per cent. During the same period, among the 545 cases treated at Bastion 29, only 22 deaths occurred, giving a mortality of 4 per cent. If the 3,200 patients treated in the Paris hospitals had given the same mortality per-

painful and irresistible disease, against which he fought bravely to the last, must be regarded as a loss to a circle very much beyond that of those who knew him personally.

We are indebted to Dr. J. C. McVAIL for the following tribute to Dr. Russell's memory:

It is not a mere truism to say that Dr. Russell's death will be most felt where he was best known. Even during these last few years, when, in spite of ill-health and bodily suffering, he struggled on in the task which he had undertaken, he continued to exercise a wonderful influence on the public health service of Scotland. The splendid work which he himself had accomplished was an inspiration to others; and it was not merely his work, but the spirit in which the work was done. No man ever believed more thoroughly in sanitation than did Dr. Russell, and the strength of his faith in what it could accomplish increased with his years. By nature he was reticent and retiring, but when deeply stirred—say, by the conditions and results of slum life, of which in Glasgow he saw so much—his indignation against those whom he regarded as in any degree responsible burst through his reticence into the terse and vigorous language which one was in the habit of looking for rather in his writings than in his speech. In all social questions, and especially in municipal socialism, he took a deep interest. He was well read in socialistic literature, but all through its study his conviction remained unshaken that sanitation, thoroughly administered, can in the end achieve practically all that socialists aim at by other means. During the earlier period of his working career he was practically the only whole-time medical officer of health in Scotland, and, except for the invaluable advice of Professor Gairdner, he had to find his own solution for problems which have now been thought out by many workers. But his success was wonderful, and much of the work which younger men have done in recent years owed its initiative to him. He was a great sanitarian, and his name will remain so as long as the science of public health continues to be studied in these realms.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF LONDON.

Faculty of Medicine.

A MEETING of the Faculty of Medicine was held in the Jelangor Hall of the University Buildings, South Kensington on Tuesday, November 1st, 1904.

VALEDICTORY ADDRESS BY MR. BUTLIN.

Mr. Butlin, the Dean of the Faculty, presided, and seventy-six members of the Faculty attended.

The Dean announced the termination of his period of office, pointing out that in accordance with what he believed to be a desirable regulation, he was, after four years' service, ineligible for reappointment. In reviewing the work of the Faculty during the first four years of its existence, Mr. Butlin drew attention to the variety and importance of the questions which had been dealt with, and expressed satisfaction that the various recommendations of the Faculty had been favourably received by the Senate. On behalf of the Appeal Committee of the Senate appointed to secure funds for the Institute of Medical Sciences, he expressed regret that the depressed financial condition of the country had hitherto hampered their efforts, but stated that the Committee was confident of ultimate success. For his own part he believed that it was only by the success of this movement for establishing a central institute that the very unsatisfactory financial position of medical education in London could be effectively dealt with. He rejoiced that one of the results of the establishment of a Faculty of Medicine had been to lessen the jealousies and enmities between the great schools of medicine in London and bring home to the several teachers of these institutions the importance of each working for the good of all. The future of London as a centre of medical education was inseparably bound up with success of the University, and the Faculty might look back upon its first four years' work with satisfaction as indicating that the medical department of the University was determined to take full advantage of the reorganization of its constitution.

Dr. Rose Bradford proposed that a vote of thanks be given to Mr. Butlin for his services as Dean of the Faculty during the past four years. He spoke in the highest terms of the manner in which Mr. Butlin had presided over the meetings of the Faculty. But this work as chairman was a very small part of Mr. Butlin's services. He had thrown himself with

great energy into all matters which he conceived would be of advantage to medical education in London, especially into the movement for the foundation of the Institute of Medical Sciences. Mr. Butlin had freely placed his time and his house at the disposal of numerous committees of the Faculty, and his generous hospitality had cemented many friendships amongst men of various institutions working together for the good of the University. His entertainment of the French physicians during their visit to London had promoted the *entente cordiale* between the nations, and added to the honour of the University and the dignity of the office of Dean of the Faculty.

Dr. Hale White, in seconding the resolution, which was carried with acclamation, stated that Mr. Butlin had as the first Dean of the Faculty created a tradition for the office which could not fail to be of value to the Medical Faculty whatever years and honours might be in store for their University.

ELECTION OF DEAN AND VICE-DEAN.

Subsequently Dr. James Kingston Fowler was elected Dean, and Mr. A. Pearce Gould, Vice-Dean of the Faculty; Dr. Lauriston Shaw was reappointed Honorary Secretary.

BOARDS OF STUDIES.

Recommendations were made to the Senate with regard to the constitution for 1905 of the various Boards of Studies. In order to secure better co-operation amongst the various Boards, it was recommended that the Chairmen of the Boards of Preliminary, Intermediate, and Advanced Medical Studies should each be *ex-officio* members of the other two Boards.

MEETING OF THE SENATE.

A MEETING of the Senate of the University of London was held on October 26th.

Fellowship in National Eugenics.

The Senate, on the recommendation of the Academic Council, accepted an offer from Mr. Francis Galton, F.R.S., to endow a fellowship in the University for the promotion of the study of national eugenics, defined as "the study of the agencies under social control that may improve or impair the racial qualities of future generations, either physically or mentally." The person appointed to the fellowship will be required to devote the whole of his time to the study of the subject, and in particular to carry out investigations into the history of classes and families, and to deliver lectures and publish memoirs on the subject of his investigations. The endowment is sufficient to provide not only for the fellowship but also for the salary of an assistant and for the general expenses of the contemplated work, which it is intended to place in one of the colleges or other institutions connected with the University. Full particulars of the post will be advertised shortly.

Appointments.

Dr. P. H. Pye-Smith has been reappointed the representative of the University on the General Medical Council, and Drs. T. D. Griffiths and T. M. Thomas have been elected representative governors of the University College of Wales, Aberystwith.

ST. GEORGE'S HOSPITAL MEDICAL SCHOOL.

LORD KELVIN presided on October 28th at the annual distribution of prizes of St. George's Hospital School, which took place in the Board room of the hospital. The Brackenbury Prize in Medicine, the Brackenbury Prize in Surgery, and the Thomson Medal were gained by Mr. William Byam, and the Entrance Scholarship in Arts of the value of £100 was awarded to Mr. Paul Walde.

After presenting the prizes Lord Kelvin gave a short address. He pointed out that the modern medical man must not only be a scientific man, but he must also be a philosopher. The fundamental studies of medicine were of a strictly materialistic kind, but they belonged to different worlds from the world which would constitute their main study, the world of life, so that medical men had to study human nature, and that carried them far beyond dead matter. He warned them not to imagine that any hocus-pocus of electricity or viscid fluids could make a living cell. It was interesting to remember that materials belonging to the general class of food-stuffs, such as sugar and alcohol, which might also be called a food-stuff, could be made out of the chemical elements, but they must not let their youthful minds be dazzled by the imaginings of the daily papers that because chemists had thus made food-stuffs they could also make living things, or that there was any prospect of a process being found for making a living thing in any laboratory, whether the minutest germ in bacteriology or anything smaller or greater. There was an absolute difference between crystals and cells—anything that crystallized could be made by the chemist, but nothing approaching to the cell of a living creature had ever yet been made. The result of an enormous amount of exceedingly careful investigation was that no artificial process could make living matter out of dead. The extent of the study of medicine reached far beyond physics and electricity, both in depth of scientific significance and in human interest. The phenomena of life and death were the subjects they would study every day, whether in hospital or in ordinary practice; and they must ever remember that their patients were neither mere physical machines nor laboratory specimens, but human beings. They must not forget that they had to administer spiritual consolation to their patients—he used the word "spiritual" advisedly, because, when a medical man kept up the spirits of his patients, he was administering spiritual help. Let their natural feelings prompt them in their dealings with their patients, and they would be helping the sick spiritually as well as medically. As man could not live on bread alone, so a patient could not get well on drugs alone.

Mr. Timothy Holmes moved, and Dr. W. Ewart seconded, a vote of thanks to Lord Kelvin, who replied.

UNIVERSITY OF OXFORD.

Degrees.—At a Congregation held on Thursday, October 20th, the following degrees were conferred: *Master in Surgery (M.Ch.)*: P. N. B. Odgers, Lincoln College. *Bachelor of Medicine and Surgery (B.M., B.Ch.)*: A. K. Wilson, Wadham College.

Examinations.—The Examinations for the Degree of Bachelor of Medicine (First B.M. and Second B.M. Examinations), will commence on Thursday, December 8th, at 9.30 a.m. Names of Candidates, entered on the forms issued for the purpose, and accompanied in each case by the required certificates and fees, must reach the Secretary to the Boards of Faculties (Clarendon Buildings, Broad Street, Oxford), not later than 10.30 a.m. on Wednesday, November 23rd.

UNIVERSITY OF CAMBRIDGE.

The following degrees were conferred on October 27th: *M.R.*: G. R. Rickett, King's; R. E. Whitting, King's; R. H. Robbins, Trinity; R. G. Nothwanger, St. John's; W. B. Swete-Evans, Clare. *B.C.*: R. G. Nothwanger, St. John's.

The State Medicine Syndicate have arranged to hold, in 1905, two examinations in Tropical Medicine and Hygiene for the University diploma. The first will begin on January 10th, the second on August 8th. Applications for admission have to be sent to Dr. Nuttall, Pathological Laboratories, Cambridge.

Mr. R. H. Lock has been elected to a Drosier Fellowship in Natural Science at Caius College.

Dr. A. C. Haddon, F.R.S., University Lecturer in Ethnology, has been elected a Senior Fellow of Christ's College.

UNIVERSITY OF EDINBURGH.

GENERAL COUNCIL.

The statutory half-yearly meeting of the General Council of the University of Edinburgh was held on October 28th, Principal Sir William Turner presiding. The minute of the meeting of May 4th was read and approved. The report of the Business Committee, which referred to the Education Bill (Scotland), the B.L. degree, modern languages, and the Report of the Modern Languages Subcommittee, led to some discussion. The Business and Finance Committees were elected.

UNIVERSITY OF ABERDEEN.

THE LIBRARY.

At the monthly meeting of the University Library Committee, held October 26th, Professor Frai, F.R.S., Curator, in the chair, the annual reports to the Senate and Court under Ordinance 64 were adjusted. The Librarian reported that the new regulation permitting students to borrow books without the immemorial £1 deposit was now in force, and that a large number of students were taking advantage of the privilege. An intimation was made that the executors of the late Mr. W. Galbraith Miller, Lecturer on International Law in the University of Glasgow, had presented to the library the part of Mr. Miller's library relating to jurisprudence and international law; and that the Rev. Alexander Warrack (M.A. Marischal College 1855), late Episcopal Church minister, Leswalt, had presented a collection of minor Scottish poetry formed in connexion with his work for Professor Wright's dialect dictionary. Among the donors during the past quarter were many former graduates and the Universities of Chicago, Columbia, Colorado, Harvard, Kennebec, Tokio, Turin, and Upsala.

The University Library Committee are desirous of making the University collection as representative as possible of (1) books or pamphlets written or edited by graduates or alumni of Aberdeen (2) books or pamphlets relating to or printed in the northern counties of Scotland. The sum that can be set aside from general library funds for these purposes is very small, and the Committee appeal to former students and to all friends of the University to present to the library copies of any publications they may write or edit. All such, however small, will be gratefully received and acknowledged.

The Committee approved the inclusion in the series of *Aberdeen University Studies* of Mr. Andrew N. Meldrum's, D.Sc. Thesis, "Avogadro and Dalton: the Starting in Chemistry of their Hypotheses"; and authorized the printing on large paper of 75 copies, to be used in exchange with other academic institutions.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

An ordinary quarterly comitia was held at the College on Thursday, October 27th, the President, Sir William S. Church, being in the chair.

MEMBERSHIP.

The following gentlemen were admitted members of the College: Guido Yule Gliogli, M.D., Florence; Eric Danvers Macnamara, M.A., M.B. Cantab., L.R.C.P.; Harold Theodore Thompson, M.A., M.B. Cantab., L.R.C.P.

LICENTIATESHIP.

In conjunction with the Royal College of Surgeons, licences were granted to 103 gentlemen.

EXAMINATIONS IN TROPICAL MEDICINE.

On the nomination of the President, Dr. F. Taylor was appointed a visitor of the examinations in Tropical Medicine in accordance with the report of the committee of the Conjoint Colleges of July 18th.

COMMUNICATIONS.

Communications were received from:

1. The Secretary of the Royal College of Surgeons reporting certain proceedings of their Council on July 28th and October 13th.

2. The Secretary of the Sanitary Institute, inviting the College to send delegates to the Conference of the Institute on School Hygiene to be held in London in February next. The invitation was accepted, and it was left to the President to name delegates at the next comitia.

The audited accounts for the year ending September last were laid before the College.

FELLOWSHIP.

Dr. Edward Johnstone Jenkins, elected a Fellow on April 28th last, being resident in Australia, was admitted *in absentia*.

COMMITTEES.

Dr. Frederick Taylor, who retired by rotation, was re-elected a member of the Committee of Management. Dr. Pye-Smith, who retired by rotation, was re-elected a member of the Laboratories Committee.

REPORTS.

The following reports were received:

1. The quarterly report of the Finance Committee.
2. From the Committee of Management, recommending that the course of laboratory instruction in Public Health to be given at the Municipal Laboratories, Portsmouth, should be recognized as fulfilling the requirements of the regulations for the Diploma in Public Health, subject to the following conditions:
 - (a) That the recognition be a period of three years, at the termination of which an application for the renewal of the recognition may be made.
 - (b) That so far as bacteriology is concerned, the number of candidates instructed shall not exceed three in any one course.
3. From the Laboratories Committee, dated October 7th, reporting:
 - (a) That during the three months ending September 1st 5730 doses of diphtheria antitoxin, each containing 3,000 units, have been supplied to the hospitals of the Metropolitan Asylums Board, making a total of 17,190,000 units.
 - (b) That during the quarter further batches of antitoxin supplied by Messrs. Parke Davis and Co. have been tested in the laboratory, and a certificate granted showing its strength, sterility, and freedom from excess of antiseptic.
4. The quarterly report of the Examiners for the Licence on the July examinations.

LIBRARY.

Books and other publications presented to the Library during the past quarter were received, and thanks returned to the donors. Amongst these was an interesting manuscript copy of the Lectures of Boerhave, presented by Dr. Payne.

The following candidates for the College licence, having conformed to the by-laws and regulations, and passed the required examinations, were granted Licences to practise physic at a meeting held October 27th:

L. A. Arnould, J. Avery, W. G. Avis, J. H. Banks, H. E. Barrett, T. Bates, J. F. Beale, A. R. Beaumont, J. A. Bell, A. M. Bennett, C. H. Berry, A. Blanc, J. H. D. Bolton, G. H. Boyden, A. C. Brown, A. H. Burnett, J. H. Burridge, G. Carlisle, H. Chitty, S. H. Clarke, *A. P. Coker, J. Cook, D. K. Coutts, A. W. D. Coventon, G. F. Dalton, T. S. Davies, H. R. Dean, G. De la Cour, C. H. Denyer, F. L. De Verteuil, C. M. Dickinson, *G. R. Ernest, G. J. Evans, C. R. B. Myre, R. Felton, L. C. Ferguson, A. R. Finn, W. J. Fordham, F. Forrest, C. J. Galbraith, H. Hardwick-Smith, A. E. U. Hawkes, E. C. Hayes, S. C. Hayman, T. B. Henderson, W. R. Higgins, L. Hill, J. C. L. Hingston, R. F. V. Hodge, A. H. Hudson, C. L. Isaac, B. J. Jackson-Taylor, F. A. G. Jeans, E. C. Johnson, G. F. Jones, O. W. Jones, A. E. Kerr, *F. C. R. M. Knight, A. E. F. Kynaston, E. B. Lathbury, G. Laurence, A. Leeming, E. Leverton-Spry, W. Lister, A. S. Littlejohns, J. Macarthur, J. McCrae, J. A. McIlroy, W. T. P. Meade-King, R. H. Miller, W. M. Mollison, W. P. Morgan, J. F. Murphy, L. E. C. Norbury, C. W. O'Brien, C. E. Palmer, N. J. Papa, C. Parker, E. W. Parry, R. N. Poigand, L. E. Price, G. H. Rees, F. Rogerson, K. M. Rowe, A. Ruete, H. G. Siewright, J. D. Sinclair, W. H. Smailes, *G. R. Southwick, W. C. Spooner, M. Spotswood, C. M. Stevenson, H. V. Swindale, A. G. Sworn, W. A. Tatchell, R. J. C. Thompson, J. Turtle, A. W. Wakefield, T. R. Waltenberg, A. C. Warren, R. G. Williams, J. K. Willis, R. A. Worthington.

* Under Regulations dated October 1st, 1884.

CONJOINT BOARD IN ENGLAND.

The following gentlemen passed the First Examination of the Board in the subjects indicated at the quarterly meeting of the Examiners:

Chemistry.—R. B. Abraham, S. D. Adam, R. B. Adams, R. C. Brewster, S. T. Davies, C. W. Gee, W. P. Harrison, C. W. Jenner, G. B. Lucas, R. H. S. Marshall, P. D. Oakley, J. Ridge-Jones, A. L. Robbison, H. E. Scargill, L. B. Shirliffe, D. M. Stone, and D. P. Williams.
Practical Pharmacy.—C. J. E. Bennett, H. V. Bettley-Cooke, H. A. Biden, A. C. B. Biggs, G. N. Braham, R. A. Bryden, G. F. Carr, J. Cook, D. Davies, G. D. G. Fergusson, S. C. Foster, P. J. Franklin, A. G. V. French, H. W. Goodden, W. H. S. Hodge, H. W. M. May, W. S. Mitchell, W. S. Neale, F. M. Newton, K. G. Newton, W. T. Quinlan, A. Rhodes, F. S. Tamplin, D. Wainwright, S. M. Wells, and A. J. O. Wigmore.

Elementary Biology.—R. C. Clarke, E. P. Edwards, J. R. K. Fenning, G. R. Gallagher, A. K. Glen, F. M. Harvey, A. E. Hempleman, F. W. Hollingsworth, D. Y. Hylton, S. H. Kingston, M. J. Marks, J. J. Mullane, W. T. Quinlan, B. R. Shillito, S. W. Turtle, F. J. Wheeler, G. A. Williams, H. M. Williams, and R. J. Wooster.

The following gentlemen passed the Second Examination of the Board in Anatomy and Physiology at the quarterly meeting of the Examiners:

C. J. Armstrong-Dash, J. Browne, P. J. Chissell, F. Clayton, B. A. Camb, E. A. Collins, R. B. Dawson, T. H. Edey, J. W. Featherstone, H. Gall, E. W. Gandy, B. A. Camb, A. S. S. Goonewardene, L. M. and S. Ceylon, M. Greer, S. H. Griffiths, T. S. Harrison, J. K. A. Heim, A. E. W. Hird, F. N. S. Hitchcock, R. A. Hobbs, F. G. Hodder-Williams, T. R. L. Jones, A. V. Ledger, H. Lloyd, H. McLean, B. A. Camb, F. Morris, H. North, E. Nuttall, J. Owen, M. D. Price, S. R. Shirkaskar, B. A. Bombay, J. A. Renshaw, E. L. Taylor, P. S. Tomlinson, H. T. Treves, R. Varvill, A. G. Wells, J. H. Wlekert, H. O. Williams, and H. F. Woods.

Passed in Anatomy only: Mr. F. H. L. Marson.

CONJOINT BOARD IN IRELAND.

The following candidates have passed the examinations undertaken:

First Professional.—*J. J. Barry, *A. H. T. Warnock, †S. J. Barry, †J. Brereton-Barry, †G. Brown, †N. M. Herbert, †L. C. Johnston, †H. G. M. Miles, †K. A. P. R. Murray, †J. McDonagh, †D. S. MacDowell, †P. Noonan, †M. C. O'Hara, †K. P. Power, †F. B. Smyth, †S. Wallace.

Second Professional.—†J. Molyneux, †J. F. Walsh, †J. McNamara, †P. J. McKevett, †C. J. B. Dunlop, *H. C. Burridge, *M. B. Dooley, *R. de S. B. Herrick, *A. A. Murphy, *P. J. Murray, †W. Carroll, †A. L. Clarke, †J. J. Clarke, †J. J. Corr, †G. A. Francis, †S. A. Furlong, †J. Holmes and J. P. O. Kane, †W. R. O'Farrell, †W. A. Ryan, †J. V. Sage and G. B. Spencer, †L. D. Woods.

* Passed in all subjects. † Completed examination. ‡ With honours.

Measles caused a death-rate of 1.4 in Devonport, 1.5 in Ipswich, 1.6 in Salford, 1.7 in Bootle, 1.8 in Plymouth and in Liverpool, 2.0 in Tynemouth, 3.4 in Walsall, and 5.5 in Grimsby; scarlet fever of 1.4 in Plymouth; diphtheria of 1.1 in Northampton and 2.2 in Swansea; "fever" of 1.1 in Stockport, and 1.2 in Blackburn; and diarrhoea of 1.1 in Sheffield, 1.4 in Hull, 1.5 in Oldham, 2.2 in Middlesbrough, and 2.3 in West Hartlepool. The mortality from whooping-cough showed no marked excess in any of the large towns. Two fatal cases of small-pox were registered in Oldham and 1 in Preston, but none in any other of the large towns. The Metropolitan Asylums Hospitals contained only 1 case of small-pox at the end of last week, and no new case had been admitted during the week. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had been 2,341, 2,516, and 2,687 on the three preceding Saturdays, had further risen to 2,725 on Saturday last, October 29th; 305 new cases were admitted during the week, against 409, 377, and 389 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, October 29th, 951 births and 554 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 15.1, 15.8, and 16.5 per 1,000 in the three preceding weeks, further rose to 16.7 per 1,000 last week, and was 1.7 per 1,000 above the mean rate during the same period in the seventy-six large English towns. Among these Scotch towns the death-rates ranged from 12.3 in Perth and 15.6 in Dundee, to 19.4 in Leith and 23.0 in Paisley. The death-rate from the principal infectious diseases in these towns averaged 1.9 per 1,000, the highest rates being recorded in Aberdeen and Greenock. The 247 deaths registered in Glasgow included 8 which were referred to whooping-cough, 2 to "fever," and 17 to diarrhoea. Three fatal cases of whooping-cough and 4 of diarrhoea were recorded in Edinburgh. Three deaths from diarrhoea occurred in Dundee; 5 from measles and 2 from diarrhoea in Aberdeen; 2 from diarrhoea in Leith; and 2 from whooping-cough and 2 from "fever" in Greenock.

HEALTH OF IRISH TOWNS.

DURING the week ending Saturday, October 29th, 502 births and 352 deaths were registered in six of the principal Irish towns, against 505 births and 362 deaths in the preceding period. The mean annual death-rate of these towns, which had been 15.6, 16.8, and 17.6 per 1,000 in the three preceding weeks, rose to 21.8 per 1,000 in the week under notice, this figure being 6.8 per 1,000 higher than the mean annual rate in the seventy-six English towns for the corresponding period. The figures ranged from 18.2 in Belfast and 18.2 in Cork, to 25.2 in Londonderry and 26.0 in Limerick. The zymotic death-rate during the same period and in the same six Irish towns averaged 1.6 per 1,000, or 0.9 higher than during the preceding period, the highest figure, 3.2, being recorded in Belfast, while Londonderry registered no deaths under this heading at all. The principal causes of death in diseases of this class were diarrhoeal disease and enteric fever, no deaths anywhere being ascribed to small-pox or simple continued fever; from measles there were 8 deaths altogether, and 3 from scarlet fever, 4 from whooping-cough, and 1 from diphtheria.

SANITARY INSPECTORS' EXAMINATION BOARD.

THE next examination of the Sanitary Inspectors' Examination Board will be held on Tuesday, January 17th, 1905, and the four following days. Particulars can be obtained from the Honorary Secretary, The Sanitary Inspectors' Examination Board, 1, Adelaide Buildings, London Bridge, E.C.

THE RELATIONS OF MEDICAL OFFICERS OF HEALTH WITH THEIR PROFESSIONAL COLLEAGUES.

DR. M. ARDEN MESSITER, President, Medical Defence Union (Cappoly, Dudley), writes: In view of the opinions expressed by the medical press generally of late on the questions submitted to them in connexion with visits of certain medical officers of health to the patients of other practitioners without first obtaining their consent, or in any way communicating with them, it is, I am sure you will agree with me, advisable to publish the enclosed, which clearly lays down the wish of the Local Government Board that the ordinary professional usages shall be adopted by their officials. Some few years ago the BRITISH MEDICAL JOURNAL adopted this view, and published it in connexion with a case in this district at Upper Gornal, and I cannot quite see why any doubt has existed as to its correctness.

[Copy.]

October 20th, 1904.

Sir,—I am directed by the Local Government Board to advert to your letter of the 2nd ult. relative to the complaint made by Dr. W. A. Davidson as to the proceedings of Mr. W. C. Collier, the M.O.H. for the Borough of Hammersmith.

The Board direct me to state that they have not by any order explicitly or otherwise made it the duty of the M.O.H. to make a personal examination of cases of infectious diseases notified to him under the provisions of the Infectious Diseases Notification Act in order to test the accuracy of the certificate; nor have they laid down any regulations as to the procedure to be adopted by the M.O.H. when making such examination; indeed, in the great majority of notified cases of infectious disease it appears to the Board to be both unnecessary and undesirable that a medical officer of health should make such examinations.

Special cases may, however, arise from time to time—as when the disease is suspected to be one which would threaten serious danger to the community or where the attendant circumstances might call for exceptional action—in which it is desirable that the M.O.H. in order to be better able to advise his Council, should make a personal examination of the patient. A notified case of chicken-pox in an adult or adolescent, or occurring under circumstances favouring the spread of infection, is an instance in point, many outbreaks of small-pox having originated in cases at first mistaken for chicken-pox.

Indeed, it is for the purpose of facilitating the detection of such unrecognized cases of small-pox that chicken-pox has in many districts been made compulsorily notifiable during the recent prevalence of small-pox. In this connexion I am to remind the Borough Council of the Board's circular of December 27th, 1901.

It must, however, be remembered that a personal examination can only be made with the consent of the patient, or of those having charge of the patient, and it is desirable that the medical practitioner in charge of the patient should always be communicated with, and that his co-operation should be secured where it is possible to do so without causing undue delay.

The Board would point out the importance of exercising tact and discretion where a reconsideration of the diagnosis upon which the notification of the case has been based may be advised.

The Board request that the Borough Council will be good enough to communicate these views to the M.O.H.

I am, Sir,
Your obedient servant,
(Signed) NOEL T. KERSHAW,
Assistant Secretary.

[Copy.]

Local Government Board,
Whitehall, S.W.

October 17th, 1904.

Sir,—I am desired by the Local Government Board to advert to your letters of the 4th inst., forwarding a copy of a letter addressed to the Rural District Council of Headington by Dr. C. Coles in reference to his action as M.O.H. in the cases complained of by Mr. F. G. C. Houghton.

The Board direct me to state that without expressing an opinion on the dispute in question between Dr. Coles and Mr. Houghton, it appears to them to be both unnecessary and undesirable that a M.O.H. should in general make a personal examination of cases of infectious diseases notified to him under the provisions of the Infectious Diseases Notification Act, 1889, in order to test the accuracy of the certificate. In any special case, as where the disease which has been notified is one which would threaten unusual danger to the community, or where the attendant circumstances might call for exceptional action, the M.O.H. in order to be better able to advise his Council, deems it desirable that he should make a personal examination of the patient. It must be remembered that this can only be done with the consent of the patient or those in charge of him. In any circumstances the medical practitioner in charge of the case should always be communicated with and his co-operation secured if possible.

The Board request that the District Council will inform Dr. Coles of the view expressed above.

Your obedient servant,
(Signed) JNO. LITHBY,
Assistant Secretary.

J. W. Snellam, Esq., Clerk to the Rural District Council, Headington.

DUTIES OF SANITARY INSPECTOR IN INFECTIOUS CASES.

A M.O.H. is often compelled to delegate most of his inquiries into cases of infectious disease to his sanitary inspector, whose duty it is to inquire into the sanitary conditions of the house, etc., and also, generally, into possible channels of infection. The inspector has no "right" to see the patient, and certainly it is not his duty to examine the patient or prescribe treatment. Nor is it his duty to require the medical attendant to fill up any disinfection forms, though it is his business to consult the convenience and wishes of the medical attendant respecting disinfection. The only "certificate" the local sanitary authority can require is the notification certificate.

MEDICAL VACANCIES AND APPOINTMENTS. VACANCIES.

This list of vacancies is compiled from our advertisement columns, where full particulars will be found. To ensure notice in this column advertisements must be received not later than the first post on Wednesday morning.

BIRMINGHAM CITY ASYLUM, Ruberry Hill.—Junior Assistant Medical Officer.

BIRMINGHAM EAR AND THROAT HOSPITAL.—Honorary Anaesthetist.

BRIGHTON: SUSSEX COUNTY HOSPITAL.—House-Physician, resident. Salary, £60 per annum.

CENTRAL LONDON THROAT AND EAR HOSPITAL, Gray's Inn Road.—Registrar

CIRENCESTER UNION.—Medical Officer for the North District.

DERBY COUNTY ASYLUM, Mickleover.—Junior Assistant Medical Officer. Salary, £125 per annum, rising to £150.

LEAMINGTON: WARNEFORD HOSPITAL.—House-Surgeon, resident. Salary, £100

per annum.

LEICESTER INFIRMARY.—House-Surgeon, resident. Salary, £100 per annum.

LINCOLN: BRACEBRIDGE ASYLUM.—Junior Assistant Medical Officer, resident

Salary, £125 per annum.

LIVERPOOL: STANLEY HOSPITAL.—Honorary Anaesthetist.

MANCHESTER: ST. MARY'S HOSPITAL.—House-Surgeon and Resident Obstetric

Assistant Surgeon. Salary, £100 per annum.

METROPOLITAN HOSPITAL, Kingsland Road, N.E.—Surgeon

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen Square,

W.C.—House-Physician, resident. Salary, £50 per annum.

NORTH-EASTERN HOSPITAL FOR CHILDREN, Hackney Road, E.—(1) House-

Surgeon; (2) House-Physician. Appointments for six months. Salary at the rate of

£80 per annum each.

NOTTINGHAM CHILDREN'S HOSPITAL.—House-Surgeon, resident. Salary at the

rate of £100 per annum.

PLAISTOW: ST. MARY'S HOSPITAL FOR SICK CHILDREN.—Resident Medical

Officer. Salary, £100 per annum.

PORTSMOUTH: ROYAL PORTSMOUTH HOSPITAL.—Senior House-Surgeon, resident.

Salary, £100 per annum.

ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City Road, E.C.—Assistant

Physician.

SALISBURY: FISHERTON HOUSE ASYLUM.—Medical Superintendent. Salary, £400

per annum, rising to £500.

WOLVERHAMPTON AND MIDLAND COUNTIES EYE INFIRMARY.—House-

Surgeon, resident. Salary, £70 per annum.

APPOINTMENTS.

BABER, H. A., M.R.C.S. Eng., L.S.A., District Medical Officer of the Tavistock Union.

BROCKBANK, E. M., M.D., M.R.C.P., Junior Physician to the Manchester Children's

Hospital.

BUCHANAN, P. S., M.B., etc., in charge of the Midwifery Outdoor Department of the

Glasgow Public Dispensary.

BURNETT, C. D., Francis, M.R.C.S., L.R.C.P., Divisional Surgeon to the "E" Division,

Metropolitan Police (Deptford), and Divisional Surgeon to the Deptford Victualling

Yard Section of the Woolwich Division.

DAVISON, W. H., M.B., B.S., Resident Assistant Medical Officer, Aston Union Work-

house.

GIBBS SMITH, E. G., L.R.C.P., L.S.A., D.P.H., Aural Assistant, Throat, Nose, and Ear Department, London Hospital.

LAYCOCK, J. A., L.R.C.P.I., L.M., District Medical Officer of the Burnley Union.

MATHEWS, F. B., L.R.C.P., M.R.C.S., District and Workhouse Medical Officer of the Nantwich Union.

MELLAND, Charles H., M.D. Lond., M.R.C.P., Assistant Physician for Children to the Northern Hospital, Manchester.

NATLEY, A. Bakoul, L.R.C.P.S. Edin., L.S.P.F. Glasg., Pathologist and Assistant Medical Officer to the West Riding Asylum, Wakefield.

ROBERTS, T., M.B., C.M. Edin., Medical Officer of the Workhouse of the Carnarvon Union.

ROTHWELL, W. E., M.B., B.S. Viet., Junior Resident Medical Officer, Crumpsall Workhouse, Manchester.

TAYLOR, E. Graham, M.B., etc., to the Gynaecological Department of the Glasgow Public Dispensary.

TELFORD, E. D., M.A., F.R.C.S., L.R.C.P., Junior Surgeon to the Manchester Children's Hospital and Dispensary.

TOVEY, Arthur H., L.R.C.P., M.R.C.S., House-Physician to the General Lying-in Hospital, Lambeth, S.E.

VINTAR, C. H. S., M.R.C.S., L.R.C.P., District Medical Officer and Public Vaccinator for the Blackpool South District.

WHITEHOUSE, A. Langdon, M.R.C.S., L.R.C.P., L.D.S. Eng., Junior Demonstrator, Royal Dental Hospital of London.

GLASGOW ROYAL INFIRMARY.—The following appointments have been made for six months:

Resident Physicians.—**Patterson, James B.,** L.R.C.P. and S. Glasg., to Dr. McVail; **Rylyth, R. C.,** L.R.C.P. and S. Edin., to Dr. Middleton; **Wildish, George H.,** M.B., Ch.B. Glasg., to Dr. Steven; **Connol, Andrew, M.B.,** Ch.B. Glasg., to Dr. Munro; **Contie, E. N.,** M.B. Toronto, L.R.C.P. and S. Edin., to Dr. Allan.

Resident Surgeons.—**Stewart, John R.,** M.B., Ch.B. Glasg. (Senior), to Dr. Barlow; **MacPhail, D. H.,** M.B., Ch.B. Glasg., to Dr. Clark; **McVail, J. Roy, M.B.,** Ch.B. Glasg., to Dr. Knox; **Neilson, George C.,** M.B., Ch.B. Glasg., to Dr. Adams; **Patrick, Howard H.,** M.B., Ch.B. Glasg., to Dr. Newman; **Lochran, Charles D.,** M.B., Ch.B. Edin., to Mr. Pringle; **McCallum, John D.,** M.A., M.B., Ch.B. Glasg., to Dr. McLaren; **Fulton, Hugh H.,** M.B., Ch.B. Glasg., Resident Casualty Surgeon; **Martin, Anna P.,** M.B., Ch.B. Glasg., to Dr. Kelly; **Hutton, Malcolm, M.A.,** B.Sc., Ch.B. Glasg., to Dr. Ramsay.

DIARY FOR NEXT WEEK.

TUESDAY.

Royal Medical and Chirurgical Society, 20, Hanover Square, W., 8.30 p.m.—**William Thompson, M.D.,** The Seventh Cervical Rib, and its effects upon the Brachial Plexus. **G. Newton Pitt, M.D.:** Two Cases of Fungating Endocarditis, followed by convalescence.

WEDNESDAY.

Dermatological Society of London, 11, Chandos Street, Cavendish Square, W., 5.15 p.m.—Demonstration of cases of interest.

Hummerian Society, London Institution, Finsbury Circus, E.C., at 9 p.m.—**Dr. Rose Bradford:** The Treatment of Bright's Disease.

South-West London Medical Society, Bolingbroke Hospital, Wandsworth Common, 9 p.m. **Dr. W. W. H. Tate:** The Diagnosis and Treatment of Tubal Gestation in the Early Weeks.

THURSDAY.

British Gynaecological Society, 20, Hanover Square, W., 8 p.m.—**Dr. Macnaughton-Jones:** Embedded Adnexa, Carcinoma of the Fallopian Tube, Haemorrhagic Endometritis. **Dr. Bedford Fenwick:** Uterine Fibroids associated with Ovarian Disease. **Mr. Christopher Martin:** The Treatment of Severe Prolapse by Extirpation of the Uterus (adjoined discussion).

Ophthalmological Society of the United Kingdom, 11, Chandos Street, Cavendish Square, W., 8.30 p.m.—**Mr. Simeon Snell:** On an Intracocular Tumour covering the Optic Disc. (Card specimens will be shown at 8 p.m.)

The Childhood Society, Sanitary Institute, 72, Margaret Street, at 8 p.m.—**Dr. T. B. Hyslop:** Mental Hygiene in Childhood. **Sir J. Orichton Browne** in the chair.

FRIDAY.

Clinical Society of London, 20, Hanover Square, W., 8.30 p.m.—**Papers:** **Mr. Ch. R. Keyser:** A Case of Congenital Elevation of the Scapula. **Dr. Ph. D. Turner** and **Mr. Raymond Johnson:** Traumatic Axillary Aneurysm successfully treated after Extravasation had occurred by Proximal Ligation. **Mr. Betham Robinson** and **Mr. Edred M. Corner:** Aneurysm of the Intracranial Part of the Left Internal Carotid caused by a Bullet through the Right Eye. **Mr. Stephen Paget:** A Case of Appendix Abscess followed by Abscess in the Left Iliac Region.

POST-GRADUATE COURSES AND LECTURES.

Central London Throat and Ear Hospital.—Wednesday, 5 p.m.: Practical Demonstration on the Naso-Pharynx.

Charing Cross Hospital, Thursday, 4 p.m.—Surgical Cases.

Hospital for Consumption and Diseases of the Chest, Brompton, Wednesday, 4 p.m.—Venesection in Disorders of the Circulation.

Hospital for Sick Children, Great Ormond Street, W.C.—Thursday, 4 p.m.: Diseases of the Testis of the Child.

Medical Graduates' College and Polyclinic, 22, Chancery Street, W.C.—The following clinical demonstrations have been arranged for next week at 4 p.m.: Monday, Skin; Tuesday, Medical; Wednesday, Surgical; Thursday, Surgical; Friday, Throat. Lectures will be delivered at 5.15 p.m. as follows: Monday, Plastic Surgery; Tuesday, Illustrations of Disease affecting the Nasal Sinuses; Wednesday, Injuries to and Diseases of Joints; Thursday, The General Management and Special Methods of Treatment of Heart Cases.

Mount Vernon Hospital for Consumption and Diseases of the Chest, Central Out-patient Department, 7, Fitzroy Square, W.—Thursday, 5 p.m., Aortic Aneurysm (illustrated by cases).

National Hospital for Paralysis and Epilepsy, Queen Square, Bloomsbury.—Tuesday, 3.30 p.m., Cerebral Surgery; Friday, 3.30 p.m., Cases in the Wards.

North-East London Post-Graduate College, Tottenham Hospital, N.—Wednesday, 2.30 p.m. (North-Eastern Fever Hospital, St. Ann's Road). Demonstration on Fevers. Thursday, 4.30 p.m., Middle Ear Catarrh.

Post-Graduate College, West London Hospital, Hammersmith Road, W. at 5 p.m. each day.—Monday, Investigation on of Severe Cases of Gastric Disorder. Tuesday, Is Glaucoma a Neurosis? Wednesday, Practical Medicine. Thursday, Nephritis. Friday, Disposal of Refuse.

Samaritan Free Hospital for Women, Marylebone Road, N.W.—Thursday, 3 p.m., Gonorrhoea in Women.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 3s. 6d., which sum should be forwarded in post-office orders or stamps with the notice not later than Wednesday morning, in order to ensure insertion in the current issue.

BIRTHS.

BOWIE.—On October 19th, at 6, Hope Park Crescent, Edinburgh, the wife of John M. Bowie, M.D., F.R.C.S.E., M.R.C.P.E., of a daughter.

MILLIGAN.—At 104, Bethune Road, N., on October 27th, the wife of W. Anstruther Milligan, M.A., F.R.C.S. Edin., of a son.

DEATH.

POWER.—On 29th ult., at Hucknall Torkard, George Edward Power, M.P.C.S., aged 55.

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 2, Ave-Street, Strand, W.C., London; those concerning business matters, advertisements, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 423, Strand, W.C., London.

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL alone, unless the contrary be stated.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Manager, 423, Strand, W.C., on receipt of proof.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

CORRESPONDENTS not answered are requested to look at the Notices to Correspondents of the following week.

MANUSCRIPTS FORWARDED TO THE OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.

In order to avoid delay, it is particularly requested that ALL letters on the editorial business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL, and not at his private house.

TELEGRAPHIC ADDRESS.—The telegraphic address of the EDITOR of the BRITISH MEDICAL JOURNAL is *Aitology, London*. The telegraphic address of the MANAGER of the BRITISH MEDICAL JOURNAL is *Articulate, London*.

TELEPHONE (National).—GENERAL SECRETARY AND MANAGER, 2630, Gerrard. EDITOR, 2631, Gerrard.

Queries, answers, and communications relating to subjects to which special departments of the BRITISH MEDICAL JOURNAL are devoted will be found under their respective headings.

QUERIES.

T. J. C. would like to know if any member has ever treated an acute dermatitis spread over the whole surface of the body and caused by the use of metol as a developer in photography.

D. asks for suggestion as to the treatment and pathology of a case of obstinate tingling of the skin in a woman aged 65. The arms and face are chiefly affected. It varies in severity, and after a bad attack the fingers become swollen and somewhat discoloured.

EYESIGHT OF SCHOOL CHILDREN.

IGNORANT writes: The Education Committee in a certain town has control of 36 schools. The average total daily attendance of all grades (infants, girls, and boys) at these schools is 20,043. The Committee has asked me, as an ophthalmic surgeon, at what rate per child I would at my own house examine as to the presence or not of eye disease or refractive error in those cases in which the teachers may have noticed the children appear to have difficulty in seeing well. The examination is merely to report as to whether they really have eye trouble or not, not in any way to undertake ordering of glasses or treatment of any kind. What would be a reasonable fee?

* * Many difficulties may crop up if our correspondent undertakes to see children at his house under the conditions he mentions. The school authorities have no power to ensure attendance, very many cases will refuse to visit him, and he will lay himself open to numerous imagined grievances on the part of others who do attend. The proper way for the Education Authority to act is to appoint medical men to visit the schools and superintend the work. The oversight of vision is a comparatively small part of such work. If this cannot be done, our correspondent would be well advised to suggest that he would undertake the general supervision of the schools as regards eyesight and visual conditions. It involves more than saying whether eyes are diseased or not; he should see the children selected by the teachers, and know what the school conditions are. For such work in 36 schools with an attendance of 20,000 a remuneration of £100 per annum would not be excessive.

ANSWERS.

COTSWOLD.—We know nothing of the substance mentioned; it is impossible to make any preparation in the form of a powder which will possess the properties described.

A. T.—The following recent books may be recommended: *Swanzy's Handbook of Diseases of the Eye*, eighth edition (London: H. K. Lewis, 1903. 2s. 6d.), would meet our correspondent's requirements. *Fuchs's Textbook of Ophthalmology*, second edition (London: H. K. Lewis, 1899. 21s.), is excellent but very advanced. *Lawson's Injuries and Diseases of the Eye*, sixth edition (London: Smith, Elder and Co., 1903. 15s.), is a most attractive volume and quite up to date.

MANAGEMENT OF SCARLET FEVER CONVALESCENTS.

It is the practice in all the fever hospitals in London not only to allow children in the peeling stage of scarlet fever to be out of bed but also to let them go out in the open air in fine weather. They are, in fact, frequently transferred from the acute to the convalescent hospitals in that stage. The time when a patient should be allowed to get up and, later, to go out of doors, depends on the severity of the attack and the presence or absence of complications, and not on the peeling.

LETTERS, NOTES, ETC.

THE PRESENT POSITION OF ASEPTIC SURGERY.

AN ERRATUM.—**Mr. John D. Malcolm** (London, W.) writes: May I point out that in the last issue of the BRITISH MEDICAL JOURNAL, p. 1193, 2nd column, line 33, the words, "This asepsis, if it can," etc., should have been "This, if asepsis, can be effectually secured by other means, is merely a modification of Lister's treatment." "This" refers to the disuse of chemical solutions as lotions for raw surfaces.

CHLOROFORM BOTTLES.

DR. S. W. SUTTON (Dharmasala, Punjab) writes: In the BRITISH MEDICAL JOURNAL of September 24th I see that Mr. McCaig at the recent meeting at Oxford said, "It would be of great advantage also could an